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## Itemized Deductions (Sch A)

# LB TAX & BUSINESS ADVISORS, LLC.

“ THE PREMIER ~~TAX~~ COMPANY ”



Use this form to record your itemized deductions (year-end totals).

### Medical

Medical and Dental Insurance Premiums \_\_\_\_\_  
Prescriptions, Copays, Contacts, Glasses \_\_\_\_\_  
Medical Mileage \_\_\_\_\_  
Disabled Person Home Improvements \_\_\_\_\_

### State and Local Taxes

State Sales Taxes \_\_\_\_\_  
Real Estate Taxes \_\_\_\_\_  
State Property \_\_\_\_\_  
Personal Property Tax \_\_\_\_\_

### Interest

Home Mortgage on 1098 \_\_\_\_\_  
Home Mortgage Not on 1098 \_\_\_\_\_  
Points Not Reported \_\_\_\_\_  
Qualified Insurance Premiums \_\_\_\_\_  
Investment Interest \_\_\_\_\_

### Contributions

Cash- Church, Temple, Synagogues, Mosque \_\_\_\_\_  
Salvation Army, Red Cross, etc. \_\_\_\_\_  
Non Cash Contributions \_\_\_\_\_  
Charitable Mileage \_\_\_\_\_

### Misc. Deductions

Investment Expenses \_\_\_\_\_  
Uniforms \_\_\_\_\_  
Gambling Losses \_\_\_\_\_  
Trust Administration Fees \_\_\_\_\_  
Nursing Fees \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Other \_\_\_\_\_

DEDUCTIONS

*The information that has been provided is true and accurate, in the case of an audit I can furnish documentation to prove the amounts provided.*

Signature \_\_\_\_\_ Date \_\_\_\_\_